

## DECLARATION OF EMERGENCY

Department of Civil Service  
Board of Ethics for Elected Officials

### Lobbyists Required Registration and Reporting

The Department of Civil Service, Board of Ethics for Elected Officials, at its June 27, 1996 meeting, declared an emergency rule, pursuant to R.S. 49:953(B). This emergency rule provides forms enabling lobbyists to register, change registrations and file the Expenditures Report due August 15, 1996.

In order to comply with Acts 64 and 68 of the recent Special Session of the 1996 Louisiana Legislature, the board is promulgating, in this emergency rule, registration and reporting forms to accommodate the required registration and reporting by lobbyists. Severe penalties can be imposed upon lobbyists who fail to file the required reports. Additionally, if the reporting form is not prepared and distributed by the board, the public's interest will be damaged as the information regarding lobbyists' registration and expenditures will not be made available.

Additionally the board declared that registrations may be accepted on forms of the Legislative Lobbying Commission until November 30, 1996.

This emergency rule is effective July 3, 1996 and shall be in effect for the maximum period allowed by R.S. 49:950 et seq. or until a final rule takes effect, whichever occurs first.

### Form 1

#### LOBBYING EXPENDITURE REPORT

COVERING JANUARY 1  
THROUGH JUNE 30, 1996

DUE AUGUST 15, 1996

Lobbyist's  
Registration  
Number \_\_\_\_\_

**FOR  
OFFICE  
USE ONLY**  
Postmark  
Date: \_\_\_\_\_

#### Instructions

- Print in ink or type.
- Fill in Registration Number in spaces provided.
- Complete form, have it notarized and return to the Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70809  
(504) 922-1400
- **This form must be delivered or postmarked by the due date.**
- This form may be faxed to (504) 922-1414. **The original should be forwarded on the day of fax transmittal.**

1. NAME \_\_\_\_\_  
Last First MI

2. BUSINESS ADDRESS \_\_\_\_\_  
Street and Number

City State Zip

3. BUSINESS PHONE \_\_\_\_\_  
Area Code and Telephone Number

4. Total of all Expenditures made during this reporting period: \$\_\_\_\_\_

5. Did you make aggregate expenditures exceeding the sum of \$100 for any one legislator on any one occasion during the reporting period?

Yes ☐

No ☐

6. If the answer to Number 5 above is YES, please provide the name of each legislator for whom you made aggregate expenditures of \$100 or more on one occasion and the total amount of expenditures for each named legislator for the reporting period.

Legislator's Name	Amount
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Legislator's Name	Amount
-------------------	--------

Legislator's Name	Amount
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(Please make additional listings on a separate sheet)

7. Did you make aggregate expenditures exceeding the sum of \$1,000 (or \$2,000, if you have filed five or more authorization statements) for any one legislator during this reporting period?

Yes ☐

No ☐

8. If the answer to Number 7 above is YES, please provide the name of each legislator on whom you made aggregate expenditures of \$1,000 (\$2,000 if applicable) or more during this reporting period and the total amount of expenditures for each named legislator for the reporting period:

Legislator's Name	Amount
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Legislator's Name	Amount
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Legislator's Name	Amount
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(Please make additional listings on a separate sheet)

9. If you expended funds for one or more receptions or social gatherings to which the entire legislature or any segment as provided in La. R.S. 24:55(F)(1) was invited, please provide the name(s) of the group(s) invited, the date and location of the reception or social gathering, and a statement of the total expenditures for each event:

Name of group(s) invited to event

Location of event	Date of event	Total expenditures for event
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Name of group(s) invited to event

Location of event	Date of event	Total expenditures for event
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(Please make additional listings on a separate sheet)

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Before me, the undersigned authority, personally came and appeared \_\_\_\_\_, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

\_\_\_\_\_

Signature of Lobbyist

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

\_\_\_\_\_  
Notary Public

## Form 2

### LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals. Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Lobbyist's  
Registration  
Number \_\_\_\_\_

**FOR OFFICE  
USE ONLY**  
Postmark  
Date: \_\_\_\_\_

### Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.
- Complete employer verification form(s) for each employer and each person you represent as listed below.

1. NAME \_\_\_\_\_  
Last First MI
2. BUSINESS PHONE \_\_\_\_\_  
Area Code and Phone Number
3. BUSINESS ADDRESS \_\_\_\_\_  
Street and No. City State Zip
4. EMPLOYER \_\_\_\_\_
5. EMPLOYER'S ADDRESS \_\_\_\_\_  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THIS LISTING.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_

5. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_

State of \_\_\_\_\_  
 Parish of \_\_\_\_\_

Before me, the undersigned authority, personally came and appeared \_\_\_\_\_, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Signature of Lobbyist \_\_\_\_\_  
 Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public

Rev. 6/96

ATTACH  
 2" x 2"  
 PHOTOGRAPH  
 HERE  
 FOR  
 INITIAL  
 REGISTRATION  
 ONLY

### Form 3

#### LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to  
 registrations and terminations.

Lobbyist's  
 Registration  
 Number \_\_\_\_\_

#### Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

- Complete employer verification form(s) must be submitted for each additional representation.

1. NAME \_\_\_\_\_  
 Last First MI

2. BUSINESS PHONE \_\_\_\_\_

3. BUSINESS ADDRESS \_\_\_\_\_  
 Street and No. City State Zip

4. EMPLOYER \_\_\_\_\_

5. EMPLOYER'S ADDRESS \_\_\_\_\_  
 Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No \_\_\_\_\_

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the

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 Postmark  
 Date: \_\_\_\_\_

address of each such person, group, or organization listed;  
(c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THE NAMES ADDED BELOW.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

### Form 3A

#### SUPPLEMENTAL REGISTRATION FORM

Lobbyist's  
Registration  
Number \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

State of \_\_\_\_\_  
Parish of \_\_\_\_\_

Before me, the undersigned authority, personally came and appeared \_\_\_\_\_, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

\_\_\_\_\_  
Signature of Lobbyist

Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

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### Form 4

LOBBYING REGISTRATION  
EMPLOYER  
VERIFICATION FORM

Lobbyist's  
Registration  
Number \_\_\_\_\_

### Instructions

- Print in ink or type.
- Complete form, have it notarized and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017 (504) 922-1400.
- This form must be submitted within 10 days of lobbyist's registration, supplemental registration or renewal registration - **A lobbyist's registration is NOT complete unless this form is submitted for each representation listed on the registration form, supplemental registration form or renewal registration.**

### FOR OFFICE USE ONLY

Postmark

Date: \_\_\_\_\_

State of \_\_\_\_\_

Parish of \_\_\_\_\_

I hereby verify that \_\_\_\_\_

Name of registrant

is authorized to represent \_\_\_\_\_

Name of Employer, Person, Group or Organization Represented

before the Louisiana Legislature for the calendar year 199

\_\_.

\_\_\_\_\_  
Name of Authorizing Official (Type or print)

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Title

Sworn to and subscribed before me on this \_\_\_\_\_ day of  
\_\_\_\_\_, 199\_\_.

\_\_\_\_\_  
Notary Public (Type or print)

\_\_\_\_\_  
Signature of Notary Public

Rev. 6/96

R. Gray Sexton  
Executive Secretary

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